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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/860,987 05/18/2001
which is a CON of 09/476,601 12/31/1999 PAT 6,280,380
which is a CIP of 09/361,332 07/26/1999 PAT 6,221,011

CHL
10/17/04

** FOREIGN APPLICATIONS *****

none CHL 10/17/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 23	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Carl H. Laro</i>	Initials CHL		

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TITLE

System and method for determining a reference baseline of regularly retrived patient information for automated remote patient care

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)
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